



STATE OF ARIZONA
NATUROPATHIC PHYSICIANS MEDICAL BOARD

1740 W. Adams, Ste. 3002 Phoenix, AZ 85007
Email: info@nd.az.gov Phone: 602-542-8242 Board Website: <https://nd.az.gov>

Governor Douglas Ducey

APPLICATION FOR MEDICAL ASSISTANT

Once your application has been received and reviewed, the Board will send you ONE NOTICE OF INCOMPLETENESS indicating any required materials that have not yet been received. The notice is typically sent via email, please make certain the Board has your current email address. The Board shall consider an application withdrawn if within 360 days from the sending of the incomplete notice, the applicant fails to supply the missing information requested in the notice. Pursuant to A.R.S. 32-1524(D); All applications submitted to the Board and any attendant evidence, credentials or proofs submitted with the application are the property of the Board and not returned to a withdrawing applicant.

Title 32, Chapter 14, 32-1501, et., seq., and the Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et., seq.:

I understand the filing of this application grants authority to the Board to obtain information from any licensing agency, school, accrediting agency or board in the United States or another country; and that I shall make an oath as to the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards. INCOMPLETE OR UNREADABLE APPLICATIONS will delay the processing of the application. Alternative format of Submitting This Application An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known. Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02. I have read and understand Title 4, Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants. As a certified Naturopathic Medical Assistant I will be authorized to assist under direct supervision, Per A.R.S. 32-1501 (a), a doctor of naturopathic medicine in only the procedures outlined in R4-18-605, but not the diagnosis of patients in the practice of naturopathic medicine in accordance with Arizona Revised Statutes, Title 32, Chapter 14, 32-1501, et., seq., and Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et., seq. **By placing my signature on this application, I acknowledge I have read the above information and make application to the State of Arizona Naturopathic Physicians Medical Board for Certificate as a Naturopathic Medical Assistant.**

Applicant Name: _____
Last Name First Name Middle Name

Date of Birth: _____ Place of Birth: _____

SSN # _____ / _____ / _____ Gender: F ☐ M ☐ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Home Mailing Address: _____
Street City State Zip

Home/ Cell Phone Number: _____

Applicant Email Address: _____

You must provide evidence of completion from an approved medical assistant program. Medical Assistant training must be in compliance as outlined in R4-18-601 1, (a). i., ii. iii. (b). See application checklist below

Name of School Where Medical Assistant Training was completed

Address: _____
Street City State Zip

List all licenses and certificates issued or denied, by any licensing agency. Continue on separate sheet if necessary.

1. Check all that apply: ☐ License ☐ Certificate ☐ Issued ☐ Denied

Name of licensing agency or board. _____

Address _____

City State Zip

Submit a list on a separate piece of paper if needed. **Verification of licensure must be sent to the Board directly from each agency. Contact each agency and request written verification to be sent to the Naturopathic Physicians Medical Board.**

You are required to answer all of the following questions

		YES	NO
1.	Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?		
2.	Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency?		
3.	Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501?		
4.	In lieu of disciplinary action by any agency, have you ever entered a consent agreement or stipulation with a licensing agency?		
5.	Do you have a complaint pending before any agency?		
6.	Have you ever been found guilty of being medically incompetent?		
7.	Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgement?		
8.	Do you have any medical condition that in any way impairs or limits your ability to function as a Naturopathic Medical Assistant?		

An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions.

The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.

I submitted a written supplement to this application for the above questions. ☐ Yes ☐ No

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation will include all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

Name of Naturopathic Supervising Physician: _____

Medical Assistant will be employed at the following location

Street address Ste. City State Zip

Phone Email

(SUPERVISING PHYSICIAN SIGNATURE REQUIRED)

I will be the supervising physician for the Naturopathic Medical Assistant applicant. I have read and understand the following: Title 4, Chapter 18, Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

Signature of Supervising Physician: _____ Date: _____

Name of Employer if different from Supervising Physician. _____

Arizona Naturopathic Physicians Medical Board

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit. **Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.**

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Primary Evidence

1. **An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.**
2. A driver license issued by a state that verifies lawful presence in the United States.
3. **A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.**
4. **A United States certificate of birth abroad.**
5. **A United States passport.**
6. **A foreign passport with a United States visa.**
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.

If a document listed in 1-12 above does not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.

A complete list of accepted documentation regarding authorized presence is available on <https://www.azleg.gov/ars/41/01080.htm>

SECTION I - Applicant's Legal Name _____

SECTION II -CITIZENSHIP OR NATIONAL STATUS DECLARATION See Document List Below.

Are you a citizen or national of the United States? • Yes • No

If you answered **yes**, Attach a legible copy of a document, or documents from the above list.

Name of Document _____

Go to section IV.

If you answered **No**, you must complete Section III and IV

SECTION III- ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c)), Nonimmigrant Status (8 U.S.C. § 1621(a)(2)), Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3)), Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

SECTION IV – Declaration Regarding ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

By placing my signature on this application I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

I, _____ being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this

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application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Medical Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Medical Board to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of me in regards to this application. I have read and understand Title 4, Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.

Signature of Applicant: _____

Subscribed And Sworn To Before A Notary Public:

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public Signature _____ My Notary Commission Expires _____

APPLICATION CHECKLIST

	<p><u>Did you submit the application fee</u> The application fee is \$100.00, and must be submitted with the application. Accepted forms of payment: Personal Check or Money Order made payable to AZND Board. (There will be a \$25.00 fee to the applicant for any NSF check submitted). Although cash is an accepted form of payment, it is not advisable to send cash through the Mail. Credit Card payments are not accepted for initial application fee at this time.</p>
	<p><u>Did you submit a completed fingerprint card and required processing fee</u> Applicants are required to undergo a criminal background check. Fingerprinting can be done at a local police department, sheriff's office, or an entity that provides fingerprinting services. The prints must be submitted on a standard FD-258 finger print card. Please contact the entity that provides the fingerprint service and confirm availability and payment requirements. The fingerprint technician is required to fill out and date the Chain of Custody Form, place it with the fingerprint card, seal and sign the envelope flap before returning the fingerprint card to the applicant. The Chain-of-Custody form is part of this application packet. Do not send the fingerprint card prior to the submission of your application. The applicant is required to return the fee with the application and fingerprint card. The fee must be in the form of a money order made payable to DPS, in the amount of \$22.00. Note: Fingerprint clearance cards are not accepted.</p>
	<p><u>Is the application complete and notarized</u> Provide a complete, readable and notarized application. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed. Make sure the application contains the required Supervisor's Signature. Applicants must use their Legal name on the application. In the event the name on the application does not match documents provided, or caused to be provided to the Board, the applicant must provide evidence of legal name change. Example: Marriage Certificate, court documents showing legal name change.</p>
	<p><u>Did you submit one passport-size photograph</u> A passport size photograph taken within 60 days prior to application submission, which is signed on the back by the applicant.</p>
	<p><u>Did you submit a photocopy of Certificate of Completion or Diploma from an approved Medical Assistant Program</u> Or a letter of completion from an approved medical assistant program signed by the person in charge of the approved medical assistant program; "Approved medical assistant program" means a course of study for medical assistants that is provided: a. At an institution that is accredited by: i. The Commission on Accreditation of Allied Health Education Programs, ii. The Commission for the Accrediting Bureau of Health Education Schools, or iii. An accrediting agency recognized by the United States Department of Education or the Armed Forces of the United States, or b. By an organization recognized by the American Association of Naturopathic Physicians.</p>
	<p><u>Did you submit a legible copy of document(s) for Citizenship/Alien Status evidence</u></p>
	<p><u>Did you submit a written supplement to this application if you answered yes to any of the background questions (1-8)</u></p>

FOR OFFICE USE ONLY

Received _____ Deficiency _____ via _____ Received Date _____

	Application Fee	
	Application complete , Signed / Notarized / Current Picture Included	
	Yes Answers with an Explanation	
	Completed Fingerprint Card / Money Order Payable to DPS	
	Prints Mailed to DPS	
	Background Report Received With Hits YES NO Place on Agenda separate from Consent	
	List of all other licenses or certificates issued if applicable Verifications received	
	EVIDENCE OF M/A COURSE COMPLETION	
	CITIZENSHIP/ALIEN STATUS DOCUMENTATION	
	SUPERVISOR SIGNATURE	
	ALL DOCUMENTATION RECEIVED REQUIRED FOR APPLICATION	

Substantive Review

_____ ADDITIONAL INFORMATION OR DOCUMENTATION REQUIRED /NOTIFICATION SENT _____ VIA _____

Substantive review time frame suspended

_____ ADDITIONAL INFORMATION OR DOCUMENTATION RECEIVED _____

Substantive review time frame begins again

_____ ON AGENDA / DATE OF MEETING _____ BOARD MEETING NOTICE SENT _____ VIA _____

Certificate Issued: _____ Certificate # _____ FY _____

Receipted		Timeframe	

Application Revised 2/2021

Chain-of-Custody Form for Identity-Verified Fingerprints

ATTENTION FINGERPRINT TECHNICIAN

A chain-of-custody must be maintained.

Compare the demographics on the applicant's photo ID to the applicant and to the information on the fingerprint card. Once the prints have been taken, place the fingerprint card and this form in an envelope, seal and sign the flap before returning the fingerprint card to the applicant.

PRINT the following information:

Date

Name of Applicant

Fingerprint Technician's Agency/Company Name

Type of Photo ID Provided

For
State of Arizona Naturopathic Physicians Medical Board
Applicant Fingerprint ID